

HIV Risk Assessment Users' Manual

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This **Users' Manual** will provide information about

- (1) the **purpose of this risk assessment**,
- (2) the **setting** in which it should be administered, and
- (3) a question-by-question **guide** with sample follow-up questions.

Purpose:

The primary goal in administering a comprehensive risk assessment is to provide clients with insight into their HIV/ STI risk behaviors and to help clients personalize their risk for HIV infection/transmission. In order to initiate change, clients must come to "own" their risk behaviors. With that end in mind, conducting a risk assessment should be used as the impetus to initiate conversations about the circumstances surrounding clients' risky behaviors.

Many of the questions providers will ask, and the data they will collect, will be information that has been gathered in intake forms, psycho-social assessments, medical histories and drug use data forms. Yet it is important to remember that the goal of risk assessments is not merely to gather data, but to provide a forum for providers and clients to discuss the clients' behaviors as they relate to HIV risk and help them in gaining a better informed perspective of their risk.

Though this form appears in a checklist format, we strongly suggest you use it as a guide not as a script. Using open-ended and nonjudgmental questions on the topics listed is an ideal way to obtain the information.

The risk assessment can be used to benefit clients in their recovery and life planning. The conversation can be used to help clients personalize their risk for HIV infection/transmission so they can better determine the actions they can take to reduce their risk for infection/transmission. And we can offer support to them in this effort.

Setting:

There are no hard and fast rules about *when* the assessment should be administered or *who* should conduct it. Generally speaking, the administration of the assessment may be more productive after the client has had some time to acclimate to the treatment setting. The timing will of course depend greatly on the treatment modality, as clients' lengths of stay vary considerably. The role or professional title of the provider giving the risk assessment is not of significant importance. However, the provider should ultimately be someone who will be available to have on-going or follow-up conversations with the client regarding the risk assessment, and someone with whom the client has a trusting relationship. There are some general guidelines to follow when administering a risk assessment:

- It should always be done on a 1:1 basis - it is not appropriate for groups
- Confidentiality should be assured to every client
- HIV Risk Assessment information should be kept in a separate "confidential" part of the client's file
- The goal of the assessment should be explained to the client
- The client has the right to choose not to answer any question
- The client should have an opportunity to ask questions
- It should be an on-going process, not a one time event
- An individual's treatment plan can be expanded to include revisiting the form and/or continuing the risk assessment conversation
- The counselor needs to be nonjudgmental about the experience of clients, while still being direct with their HIV risk
- The counselor needs to be inclusive in her/his language, as one provider stated "do not provide any opportunity for denial"

Question-by-Question Guide:

I. Medical History

Hepatitis:

Hepatitis A, B, and C can be transmitted through behaviors that can also transmit HIV. Therefore, the presence of a past or current hepatitis infection can indicate HIV risk behaviors. Hepatitis is inflammation of the liver that can be caused by a virus. Hepatitis A is transmitted by oral contact with infected feces. Hepatitis B is transmitted by sexual contact and Hepatitis C is transmitted primarily through infected blood. Hepatitis C can spread easily when drug users share equipment.

People can be infected with Hepatitis B and C and not know it. Some people can clear it without treatment, while others require medical attention. In some cases, hepatitis can result in liver failure. People infected with hepatitis need to be referred to knowledgeable medical care.

Many people are infected with HIV and Hepatitis; this is called co-infection. For these individuals, hepatitis can be more serious and they can experience more severe side effects from their HIV medications. They need to be referred to medical care that is knowledgeable about both HIV and hepatitis. You can refer them to the HIV Case Manager in your area. The HIV Case Manager knows about the HIV medical care in your region.

STIs:

The reason for asking about a person's sexually transmitted infections (STI's) is because they are strongly associated with an increased HIV risk. The existence of STI's other than HIV can place a person at increased risk for HIV infection as well as HIV transmission to her/his sexual partner(s). When asking about STI history it may be helpful to provide the names of some infections, as not everyone is familiar with the term STI. Some people may know the term as "STD" or sexually transmitted disease or "VD" venereal disease. Some common names:

Hepatitis (highly associated with HIV infection)

Herpes ``sores''

Gonorrhea ``the clap''

Syphilis

Chlamydia

Trichomonas ``trick''

``HPV'' - genital warts

If there is a known STI, it is important to ask whether the infection was treated successfully ("cured") or if it is still active. Note that there is no cure for viral STI's (e.g. herpes, however all bacterial infections can be medically treated and cured).

Also, relying on the presence of symptoms to determine if someone has an STI is not appropriate. For many people, STIs are "silent infections" or symptom-free. They only result in symptoms when the infection has in fact resulted in disease. If someone has had multiple sexual partners, has not used a latex condom consistently, they may want to be referred to a clinic for screening and treatment.

You may need to refer the client for an STI screening or treatment.

For Women Only:

This section asks women about specific types of infections and conditions (recurrent yeast, bacterial vaginosis, and pelvic inflammatory disease) that may be indicators for HIV infection. Again it is important to ask if a gynecologist has treated the infections. You may need to make a referral to a health care provider. Please note that the presence of these infections does not necessarily mean the female has HIV. Many women have these infections and are not infected with HIV.

II. Testing History

A client's HIV testing history can be an important indicator of his or her perception of personal risk and his/her (mis)understanding of HIV prevention. If a client has tested in the past, or tests repeatedly, it may prove useful to discuss testing and how it relates to risk behaviors. For example, it is important to explore what is leading a client to test repeatedly- ongoing unsafe practices? Misplaced anxiety? The desire to test positive?

It is also important to ask the client if he or she returned to the testing site for the results. Very often clients will not return for the results for a variety of reasons, including fear, denial, anger, domestic violence or abuse. An assessment of such barriers is essential in determining strategies for returning if the client should decide to test again in the future.

For clients who have not tested for HIV, our goal is to help clients understand their testing options and assess their strategies for coping with the process/results.

The risk assessment can help to support a discussion of the risks and benefits of testing at this time for the client. A discussion of such potential barriers may free the client up to think more clearly about testing for HIV infection. If a client has not tested because he/she claims not to be at risk, then a review of this completed risk assessment can be used as a tool to point out any discrepancy between perceived risk and actual risk.

The counselor will want to be wary of "deciding for the client" that testing is timely and appropriate. Clients need to want the testing process for themselves. Clients need to determine the timing of their tests.

Remember: the goal is to help the client assess his/her testing options, and develop strategies for coping with the results. The risk assessment can also help support a discussion of the benefits and risks of testing at this time in their recovery process.

III. Sexual History

*** Before beginning this section of the risk assessment the counselor should be aware that not all sexual experiences are positive or voluntary. Clients may disclose to their counselors a history of rape or other assault. It is important for counselors to be open to this sort of disclosure as a result of conducting an HIV risk assessment. We need to be able to make appropriate counseling referrals for these clients.

The goal of the first section of the sexual history section is to collect information about clients' sexual partners. When clients engage in sexual activities with individuals who are infected or have a high risk of being infected with HIV, their level of risk for being infected with HIV is increased. This is one reason why it is important to engage in the HIV risk conversation with all clients: those who are infected, those who are uninfected and those who do not know their status.

It may be useful to define "sexually active" for clients as not only meaning sexual intercourse, but also any genital contact, including oral sex. When asking about sexual history with a prostitute (or sex worker) it is important **not** to assume that the prostitute was a woman. Providers need to ask specifically if the prostitute was a woman, a man, or a man dressed as a woman. The impact on the client's risk may be affected by the client's response.

In the second section of the sexual history, the provider is attempting to determine the sexual behaviors that may have put the client at risk for contracting or transmitting HIV. When asking about anal and vaginal sex, we are talking about anal-penile and vaginal-penile intercourse. Defining the act can sometimes be helpful in clarifying the question for clients, asking what the client "calls" the act can ensure understanding.

Be sure to get the following details:

- the sex of their partners,
- if they were the insertive* or receptive* partner,
- if anyone ejaculated inside of them, and
- if a condom was used.

* **"Insertive"** refers to the person who penetrates the other person's rectum or vagina.

* **"Receptive"** refers to the person who is penetrated by the other person.

It is also important to get this same level of detail about oral sex (especially whether an HIV-infected person, or person of unknown HIV status, ejaculated in their mouth).

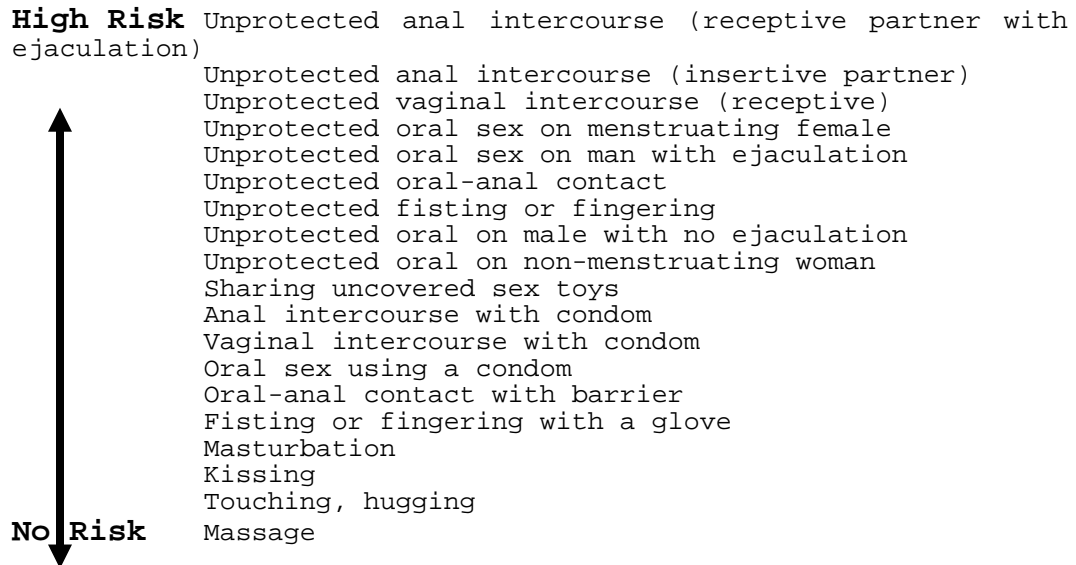
Oral sex has been implicated in several cases of HIV transmission. Many people do not perceive oral sex as sex. One of the provider's tasks is to identify it as a sexual activity that transmits HIV. However, the level of risk of HIV transmission through oral sex increases when people's oral hygiene is compromised, or when they have just brushed and flossed their teeth. Under these circumstances there is greater likelihood of HIV or other infections passing into the bloodstream.

Additionally we want to gain a sense about how often a client has used protection when engaging in any sexual behaviors. The goal is to begin a conversation about what some of the reasons may be for not using protection and explore ways of helping the client increase barrier usage in future sexual activities. Protection refers to the use of the following while engaging in the following activities:

<u>Condoms:</u>	anal-penile, vaginal-penile or oral-penile intercourse
<u>Female condoms:</u>	vaginal-penile intercourse
<u>Dental Dams:</u>	vaginal-oral intercourse

****Note:** In discussing sexual activities with clients, providers should define them, as clients may not be familiar with the "technical" terms. After defining each activity, providers may want to ask clients for the way s/he describes it. This will ensure that you are speaking about the same activities, and will inevitably expand your risk assessment vocabulary.

This is an important opportunity to convey the information about the sexual risk hierarchy for contracting HIV and other STI's:



When taking the sexual history portion of the risk assessment, it is an opportunity to share some of the following safer sex tips with clients:

- ❑ Use latex condoms for vaginal, anal and oral intercourse. Use a water-based lubricant (K-Y, Astroglide, Probe); oil-containing products (Crisco, Vaseline, baby oil, lotion, whipped cream) can destroy latex.
- ❑ Use dental dams (other) for oral-vaginal intercourse.
- ❑ Non-oxynol 9 is not recommended against HIV.
- ❑ Limiting the number of one's sexual partners can decrease their risk for HIV infection/transmission.
- ❑ Explore reasons for infrequent use of condoms, where appropriate.
- ❑ Avoid contact with blood in s/m scenes. Whips or knives that break the skin should not be used on another person until disinfected with bleach or a cleaning solution.
- ❑ Precautions against HIV can also protect you from other sexually transmitted infections such as gonorrhea, syphilis, chlamydia, herpes, yeast infections, and hepatitis B. Preventing other STI's can in turn minimize your chances of getting HIV

Self assessment of risk

The scale for clients to "rate" their own risk for HIV infection from sexual contact is an important measurement for clients to use in their own assessment. In addition, counselors can use this kind of a scale to bridge the discussion from risk assessment to risk reduction. For example, based on where the client places her/himself on the scale, the counselor can ask:

- ☐ What makes you feel like your risk is there?
- ☐ What can you do to make the number (risk) smaller?
- ☐ How can I help you make the number (risk) smaller?
- ☐ What steps have you taken in your life to get the number (risk) where you circled?

In this way, the counselor has opened the door to discuss incremental changes to reduce risk for HIV from sexual activity in a supportive concrete way. Later, in another discussion, the counselor and client can revisit the scale and see where the client places her/himself at this future date. Together, counselor and client can discuss what activities the client has participated in to achieve the higher/lower number and what other supports might be needed. In this way, the self assessment scale can also be used to help client identify barriers to risk reduction and ways to overcome them.

IV. Drug Use History

The first section offers the opportunity for the counselor to discuss the connection between a client's substance use and their risk for contracting or transmitting HIV. It is the time for the counselor to discuss how a client's judgment can be compromised by their substance use (i.e. during blackouts, not using condoms), as well as the risk for HIV transmission posed by specific drug practices, such as sharing needles or "works" (cooker, needle, swabs, cotton, barrel, etc). Remember, injection equipment may be associated with both illicit drug use (heroin), as well as for legal drugs (steroids, insulin).

****Note:** It is important that counselor recognize that alcohol use and/or abuse can significantly increases risk for HIV, just as other drug use does. Therefore, it is important to indicate to clients that the "drug use" section includes alcohol use.

For IDU's Only:

This second section allows the counselor to assess the degree to which the client has engaged in practices associated with injection drug use. It is also an opportunity to educate the client about ways to reduce their risks for contracting or transmitting HIV if they continue to inject drugs. It is important to note that using clean needles (or acting like a needle) for every injection is the best way to prevent transmission of HIV or other infections. Bleaching, boiling, and alcohol cleaning are ways of sterilizing equipment but are less effective than using clean works every time. It is important to ask clients if someone else has injected them as a way to discover if they are participating in injection drug use while not considering themselves to be injection drug users, per se.

Self assessment of risk

The scale for clients to "rate" their own risk for HIV infection from drug/alcohol use is an important measurement for clients to use in their own assessment. In addition, counselors can use this kind of a scale to bridge the discussion from risk assessment to risk reduction. For example, based on where the client places her/himself on the scale, the counselor can ask:

- ☐ What makes you feel like your risk is there?
- ☐ What can you do to make the number (risk) smaller?
- ☐ How can I help you make the number (risk) smaller?
- ☐ What steps have you taken in your life to get the number (risk) where you circled?

In this way, the counselor has opened the door to discuss incremental changes to reduce risk for HIV from drug/alcohol use in a supportive concrete way.

Later, in another discussion, the counselor and client can revisit the scale and see where the client places her/himself at this future date. Together, counselor and client can discuss what activities the client has participated in to achieve the higher/lower number and what other supports might be needed. In this way, the self assessment scale can also be used to help client identify barriers to risk reduction and ways to overcome them.

V. Other Risks

Body Art (Tattooing, Piercing), Self-Mutilation

HIV can be transmitted if people share even makeshift or homemade equipment for injecting tattooing and piercing, including:

- ☐ Needles
- ☐ Guitar strings
- ☐ Staples
- ☐ Threads
- ☐ Pens
- ☐ Inks

The counselor may need to distinguish between safe and risky tattooing and piercing. The location where it was performed may reveal further information about the level of risk (i.e. jailhouse tattooing has a higher risk than in a professional tattoo artist shop).

To lower the risks associated with tattooing, here are some suggestions:

- Make sure you use tattoo needles which are not shared (or clean them first with bleach);
- Clean the gun (barrel, tip, etc.) completely with bleach, and then give it a water rinse;
- Never use the inks that someone else has used;
- Do not put used ink back in the bottle from the cap; and
- Always wear latex gloves when giving a tattoo.

Additional indicators of risk include, but are not limited to, a history of homelessness, violence, and sexual assault. Studies have shown that women and men who have a history of being victims of violence or sexual assault have a greater likelihood of repeatedly engaging in risky sexual behaviors.

Also, self-mutilation (or "cutting") can carry a risk for HIV infection if people are sharing the sharp instruments (knives, broken glass, razor blades, etc.) that are used for this practice. Many individuals who "cut" do it as a solo activity, however some engage in it with other individuals.

It is important that the counselor be aware of the sensitive nature of these questions and should be prepared to make appropriate counseling or crisis referrals if the situation warrants (see below).

VI. Community Resources

The risk assessment process may raise issues for the client to which you may feel that a referral is needed. Feeling unsure of those referrals can increase a provider's discomfort in

initiating and continuing the risk conversation. The following lists some of the community resources you may want to identify in your community in advance of doing a risk assessment not only to increase your comfort in engaging in this conversation with clients, but also to improve your ability to make appropriate and timely referrals. Feel free to complete the list on the following page as your checklist for Resource Referral.

Some community resources you may need to be familiar with include:

- ☐ HIV Counseling & Testing (on-site/off-site)
- ☐ STD/STI Clinics
- ☐ Family Planning Clinics/Counseling
- ☐ Rape Crisis Counseling
- ☐ Mental Health Counseling
- ☐ Needle Exchange Programs and other Harm Reduction Programs
- ☐ Available free condoms
- ☐ HIV Case Managers

The attached resource referral can be used to support your Risk Assessment discussions.

RESOURCE REFERRAL CHECKLIST FOR CONDUCTING HIV RISK ASSESSMENTS

This is a list of services you may need for client referral as a result of conducting an HIV risk assessment. Knowing these resources exist and how to make the referral to them can often ease the risk assessment process for staff. Feel free to identify the local provider available to you and your clients in your community in the space provided.

☐ Available & Free Condoms

☐ Family Planning Clinics/Counseling

☐ HIV Case Managers

☐ HIV Counseling & Testing Sites

☐ Mental Health Services/Counseling

☐ Methadone Program

☐ Needle Exchange/ Harm Reduction Programs

☐ Rape/Assault Crisis Counseling Service

☐ STI/STD (Sexually Transmitted Infections) Clinic
